

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

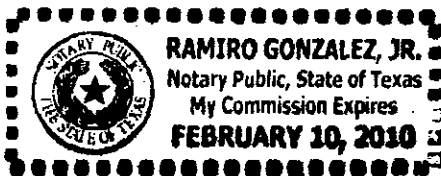
6612

1 ACCOUNT #		2 Total pages filed:		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	NICKNAME	LAST	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	Date Hand-delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged			
	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit					
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)					
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report					
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	01	01	07	THROUGH	06	30	07

6 EXPLANATION OF CORRECTION

The following amendment is to 1. Correct an alignment error in page 2; 2. Amend the total amount of contributions of \$50 or less from \$80 to \$115; and 3. Add a contribution of more than \$50 to the itemized list that was included in the original "total political contributions" but erroneously left off the itemization.

7 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by SARAH ECKHARDT this the 7th day of December

20 07 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Ramiro Gonzalez, Jr.
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <div style="font-size: 1.5em; text-align: center;">1 of 48</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">SARAH</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">ECKHARDT</div>		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em;">P.O. Box 301586</div> <div style="font-size: 1.2em;">Aus., TX 78703</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 524-0037</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">CAROL</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">HATFIELD</div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <div style="font-size: 1.2em;">3404 Northwood Cir.</div> <div style="font-size: 1.2em;">Aus., TX 78703</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 1.2em;">(512) 459-5841</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year <div style="font-size: 1.2em;">01 / 01 / 2007</div> THROUGH <div style="font-size: 1.2em;">06 / 30 / 2007</div>		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year <div style="font-size: 1.2em;">/ /</div> </div> <div style="flex: 2;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any) <div style="font-size: 1.2em;">COUNTY COMMISSIONER, Pct. 2</div>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box: Apt. / Suite #: City: State: Zip Code		

GO TO PAGE 2

1 of 48

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filer)

**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 115.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 16,365.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 342.21

4. TOTAL POLITICAL EXPENDITURES

\$ 14,894.99

**CONTRIBUTION
BALANCE**

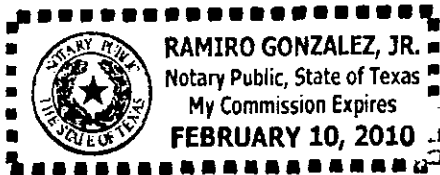
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 13,552.37

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 4,000.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SARAH ECKHARDT, this the 7th day of December, 20 07, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Ramiro Gonzalez, Jr.

Printed name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/24 Report: 3/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/11/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Armbrust & Brown, L.L.P.

6 Contributor address; City; State; Zip Code
100 Congress Ave., Ste. 1300
Austin, TX 78701

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/25/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Barnes, Ben

6 Contributor address; City; State; Zip Code
98 San Jacinto Blvd., Ste. 250
Austin, TX 78701

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)
consultant

9 Employer (See Instructions)
self

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/24 Report: 4/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/23/2007

5 Full name of contributor
Betts, Charles

☐ out-of-state PAC(ID# _____)

6 Contributor address; City; State; Zip Code
14741 Arrowhead Dr.
Volente, TX 78641

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/23/2007

5 Full name of contributor
Bible, Philip

☐ out-of-state PAC(ID# _____)

6 Contributor address; City; State; Zip Code
3200 Stevenson
Austin, TX 78703

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/24 Report: 5/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

05/22/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
BMcPAC**6** Contributor address; City; State; Zip Code
111 Congress Ave.
Austin, TX 78701**7** Amount of
contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

05/21/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Daugherty, Gerald**6** Contributor address; City; State; Zip Code
1403 Club Ridge Cove
Austin, TX 78735**7** Amount of
contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/24 Report: 6/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Dwyer, Peter

6 Contributor address; City; State; Zip Code
9900 US Highway 290 E.
Manor, TX 78653

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)
real estate

9 Employer (See Instructions)
Dwyer Realty

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/17/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Ellis, Christopher

6 Contributor address; City; State; Zip Code
3005 Sparkling Brook Lane
Austin, TX 78746

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/24 Report: 7/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Erwin, Alan

6 Contributor address; City; State; Zip Code
3 Jeffrey Cove
Austin, TX 78746

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Erwin, Gay

6 Contributor address; City; State; Zip Code
3 Jeffrey Cove
Austin, TX 78746

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/24 Report: 8/47

2 FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Evans, Bruce**6** Contributor address; City; State; Zip Code
11406 Toledo Dr.
Austin, TX 78759**7** Amount of
contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

05/14/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Graves, Dougherty, Hearon & Moody, P.C.**6** Contributor address; City; State; Zip Code
PO Box 98
Austin, TX 78767**7** Amount of
contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/24 Report: 9/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/14/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Gregory, Bob

6 Contributor address; City; State; Zip Code
2939 Westlake Cove
Austin, TX 78746

7 Amount of contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)
CEO

9 Employer (See Instructions)
Texas Disposal Systems

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) travelling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/17/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Halff Associates PAC

6 Contributor address; City; State; Zip Code
8616 Northwest Plaza Dr.
Dallas, TX 75225

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/24 Report: 10/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/13/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Heidrick, Clarke

6 Contributor address; City; State; Zip Code
3702 Eastledge Dr.
Austin, TX 78731

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/22/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Home Builders Assn of Greater Austin HOMEPAAC

6 Contributor address; City; State; Zip Code
7952 Anderson Square
Austin, TX 78757

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/24 Report: 11/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/18/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Knight, James

6 Contributor address; City; State; Zip Code
221 West 6th St., Ste. 600
Austin, TX 78701

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)
Principal

9 Employer (See Instructions)
Endeavor

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (If applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/29/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Langmore, John

6 Contributor address; City; State; Zip Code
1508 S. Lamar Blvd.
Austin, TX 78704

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)
consultant

9 Employer (See Instructions)
self

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (If applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/24 Report: 12/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)
00000006

4 Date

05/17/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
LAN-PAC

6 Contributor address; City; State; Zip Code
2925 Briarpark Dr.
Houston, TX 77042

7 Amount of
contribution (\$)

\$200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/17/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Lebermann, Lowell

6 Contributor address; City; State; Zip Code
3834 Promontory Point Dr.
Austin, TX 78744

7 Amount of
contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)
Chairman

9 Employer (See Instructions)
Centex Beverage

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/24 Report: 13/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Linehan, Paul

6 Contributor address; City; State; Zip Code
3205 Lost Creek Blvd.
Austin, TX 78735

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/17/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Lloyd Gosselink Blevins Rochelle & Townsend, P.C.

6 Contributor address; City; State; Zip Code
PO Box 1725
Austin, TX 78767

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 12/24 Report: 14/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)
00000006

4 Date

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Lorenz, Perry

6 Contributor address; City; State; Zip Code
1311-A East 6th St.
Austin, TX 78702

7 Amount of
contribution (\$)

\$1,000.00

8 Principal occupation / Job title (See Instructions)
real-estate

9 Employer (See Instructions)
self

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Maier, Richard

6 Contributor address; City; State; Zip Code
1704 Newning Ave.
Austin, TX 78704

7 Amount of
contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 13/24 Report: 15/47	
2 FILER NAME Eckhardt, Sarah				3 ACCOUNT # (Ethics Commission filers) 00000006	
4 Date 05/17/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martin, Don			7 Amount of contribution (\$) \$100.00	
6 Contributor address; City; State; Zip Code 1221 S. Mopac, Ste. 115 Austin, TX 78746					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date 05/15/2007	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McGinnis, Lochridge & Kilgore, LLP			7 Amount of contribution (\$) \$500.00	
6 Contributor address; City; State; Zip Code 600 Congress Ave., Ste. 2100 Austin, TX 78701					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 14/24 Report: 16/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

01/02/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Meade, Nikelle

6 Contributor address; City; State; Zip Code
111 Congress Avenue, Suite 1400
Austin, TX 78701

7 Amount of
contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Michel, Lorri

6 Contributor address; City; State; Zip Code
917 West Lynn St.
Austin, TX 78703

7 Amount of
contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 15/24 Report: 17/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/17/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Miller, Bryce

6 Contributor address; City; State; Zip Code
221 W. 6th St., Ste. 1300
Austin, TX 78701

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Nabers, Lynn

6 Contributor address; City; State; Zip Code
6034 W. Courtyard Dr., Ste. 100-B
Austin, TX 78730

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 16/24 Report: 18/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/24/2007

5 Full name of contributor

Newberg, Jeffrey

☐ out-of-state PAC(ID# _____)

6 Contributor address;
3830 Hunterwood Point
Austin, TX 78746

City: State: Zip Code

7 Amount of
contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/17/2007

5 Full name of contributor

Nias, James

☐ out-of-state PAC(ID# _____)

6 Contributor address;
116 Reagan Terrace
Austin, TX 78704

City: State: Zip Code

7 Amount of
contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)
attorney

9 Employer (See Instructions)
Jackson Walker L.L.P.

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 17/24 Report: 19/47**2 FILER NAME** Eckhardt, Sarah**3 ACCOUNT #** (Ethics Commission filers)
00000006**4 Date**

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Nyfeler, John**6 Contributor address; City; State; Zip Code**
3215 Hampton Rd.
Austin, TX 78705**7 Amount of
contribution (\$)**

\$100.00

8 Principal occupation / Job title (See Instructions)**9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel****4 Date**

05/18/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Pastor, Andy**6 Contributor address; City; State; Zip Code**
2908 Sparkling Brook Lane
Austin, TX 78746**7 Amount of
contribution (\$)**

\$250.00

8 Principal occupation / Job title (See Instructions)**9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel**

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 18/24 Report: 20/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/17/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Pederson, Craig

6 Contributor address; City; State; Zip Code
4703 Trail Crest Circle
Austin, TX 78735

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/17/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Pence, Bert

6 Contributor address; City; State; Zip Code
708 Rio Grande
Austin, TX 78701

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 19/24 Report: 21/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Pinnelli, Joe

6 Contributor address; City; State; Zip Code
PO Box 50038
Austin, TX 78763

7 Amount of contribution (\$)

\$300.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/20/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Pittman, Leslie

6 Contributor address; City; State; Zip Code
1405 Wildcat Hollow
Austin, TX 78746

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 20/24 Report: 22/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/25/2007

5 Full name of contributor
Ramirez, Andrew

☐ out-of-state PAC(ID# _____)

6 Contributor address; City; State; Zip Code
10301 River Plantation
Austin, TX 78747

7 Amount of
contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/23/2007

5 Full name of contributor
Read, Julian

☐ out-of-state PAC(ID# _____)

6 Contributor address; City; State; Zip Code
327 Congress Ave., Ste. 500
Austin, TX 78701

7 Amount of
contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 21/24 Report: 23/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/18/2007

5 Full name of contributor

☐ out-of-state PAC(ID# _____)

Roche, David

6 Contributor address: City: State: Zip Code
1600 Mount Larson
Austin, TX 78746

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/17/2007

5 Full name of contributor

☐ out-of-state PAC(ID# _____)

Rudy, Kirk

6 Contributor address: City: State: Zip Code
2111 Highgrove Terrace
Austin, TX 78703

7 Amount of contribution (\$)

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 22/24 Report: 24/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/20/2007

5 Full name of contributor ☐ out-of-state PAC(ID#
Smith, Robertson, Elliott, Glen, Klein & Bell, LLP

6 Contributor address; City; State; Zip Code
221 W. 6th St., Ste. 1100
Austin, TX 78701

7 Amount of
contribution (\$)

\$250.00

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID#
Soeur, Channy

6 Contributor address; City; State; Zip Code
2004 E. Gann Hill Dr.
Cedar Park, TX 78613

7 Amount of
contribution (\$)

\$500.00

8 Principal occupation / Job title (See instructions)
Principal

9 Employer (See instructions)
CAS Consulting & Services, Inc.

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and
complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 23/24 Report: 25/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
TCB PAC

6 Contributor address; City; State; Zip Code
5757 Woodway, Ste. 101W
Houston, TX 77057

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/22/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Todd, Bruce

6 Contributor address; City; State; Zip Code
823 Congress Ave., Ste. 1505
Austin, TX 78701

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 24/24 Report: 26/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)

00000006

4 Date

05/23/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Tucker, Larry

6 Contributor address; City; State; Zip Code
2210 White Dove Pass
Austin, TX 78734

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

05/11/2007

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Workman, Paul

6 Contributor address; City; State; Zip Code
4415 R.O. Drive
Spicewood, TX 78669

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

HON. SARAH ECKHARDT

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/11/07

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jesus & Patricia Delgado

6 Contributor address; City; State; Zip Code

4525 Grand Cypress Dr.
Austin, TX 78747-1329

7 Amount of
contribution (\$)

200.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 1/21 Report: 27/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

05/23/2007

5 Payee name

Austin Business Journal

7 Amount
(\$)

\$178.00

6 Payee address; City; State; Zip Code111 Congress Ave., Ste. 750
Austin, TX 78701**8** Purpose of payment
(See instructions regarding type of information required.)
subscription☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

04/13/2007

5 Payee name

Austin Independent School District

7 Amount
(\$)

\$109.58

6 Payee address; City; State; Zip Code1111 W. 6th Street
Austin, TX 78703**8** Purpose of payment
(See instructions regarding type of information required.)
monitor☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/21 Report: 28/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

03/15/2007

5 Payee name

Bickerstaff, Heath, Pollan & Caroom, L.L.P.

7 Amount
(\$)

\$150.00

6 Payee address; City; State; Zip Code816 Congress Ave., Ste. 1700
Austin, TX 78701**8** Purpose of payment
(See instructions regarding type of information required.)
event registration☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

01/01/2007

5 Payee name

Bistrolli's

7 Amount
(\$)

\$275.00

6 Payee address; City; State; Zip Code11th & San Antonio
Austin, TX 78701**8** Purpose of payment
(See instructions regarding type of information required.)
catering☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/21 Report: 29/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

03/26/2007

5 Payee name
Butts, David**6** Payee address; City; State; Zip Code
1914 Patton Lane
Austin, TX 78723**7** Amount
(\$)

\$2,000.00

8 Purpose of payment
(See instructions regarding type of information required.)
consulting☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

06/01/2007

5 Payee name
Butts, David**6** Payee address; City; State; Zip Code
1914 Patton Lane
Austin, TX 78723**7** Amount
(\$)

\$4,500.00

8 Purpose of payment
(See instructions regarding type of information required.)
consulting☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 4/21 Report: 30/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

02/02/2007

5 Payee name
Charles Cox CPA**6** Payee address; City; State; Zip Code
614 Capital of Texas Highway South
Austin, TX 78746**7** Amount
(\$)

\$185.00

8 Purpose of payment
(See instructions regarding type of information required.)
accounting services☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

05/29/2007

5 Payee name
Eurway**6** Payee address; City; State; Zip Code
2236 W. Braker Lane
Austin, TX 78758**7** Amount
(\$)

\$1,477.61

8 Purpose of payment
(See instructions regarding type of information required.)
office furniture☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) travelling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/21 Report: 31/47

2 FILER NAME Eckhardt, Sarah

3 ACCOUNT # (Ethics Commission filers)
00000006

4 Date 01/09/2007	5 Payee name Farb, Loretta 6 Payee address; City; State; Zip Code 2200 S. Pleasant Valley Rd. #527 Austin, TX 78741	7 Amount (\$) \$1,000.00
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8 Purpose of payment
(See instructions regarding type of information required.)
staff9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 01/10/2007	5 Payee name Grande 6 Payee address; City; State; Zip Code 13505 Burnet Rd Austin, TX 78727	7 Amount (\$) \$37.61
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8 Purpose of payment
(See instructions regarding type of information required.)
telephone9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/21 Report: 32/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

02/12/2007

5 Payee name
Grande**6** Payee address; City; State; Zip Code
13505 Burnet Rd
Austin, TX 78727**7** Amount
(\$)

\$31.80

8 Purpose of payment
(See instructions regarding type of information required.)
telephone☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

03/13/2007

5 Payee name
Grande**6** Payee address; City; State; Zip Code
13505 Burnet Rd
Austin, TX 78727**7** Amount
(\$)

\$31.08

8 Purpose of payment
(See instructions regarding type of information required.)
telephone☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/21 Report: 33/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date**5** Payee name
Grande**7** Amount
(\$)

04/10/2007

6 Payee address; City; State; Zip Code
13505 Burnet Rd
Austin, TX 78727

\$31.08

8 Purpose of payment
(See instructions regarding type of information required.)
telephone**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date**5** Payee name
Grande**7** Amount
(\$)

05/11/2007

6 Payee address; City; State; Zip Code
13505 Burnet Rd
Austin, TX 78727

\$31.08

8 Purpose of payment
(See instructions regarding type of information required.)
telephone**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/21 Report: 34/47

2 FILER NAME Eckhardt, Sarah**3** ACCOUNT #

(Ethics Commission filers)

00000006

4 Date**5** Payee name

Grande

7 Amount
(\$)

06/11/2007

6 Payee address; City; State; Zip Code13505 Burnet Rd
Austin, TX 78727

\$31.08

8 Purpose of payment
(See instructions regarding type of information required.)
telephone**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date**5** Payee name

Harry, Susan

7 Amount
(\$)

05/18/2007

6 Payee address; City; State; Zip Code2520 Longview St.
Ste. 313
Austin, TX 78705

\$1,000.00

8 Purpose of payment
(See instructions regarding type of information required.)
consulting**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/21 Report: 35/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date**5** Payee name
Harry, Susan**7** Amount
(\$)

06/07/2007

6 Payee address; City; State; Zip Code
2520 Longview St.
Ste. 313
Austin, TX 78705

\$1,000.00

8 Purpose of payment
(See instructions regarding type of information required.)
consulting**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date**5** Payee name
HEB**7** Amount
(\$)

02/02/2007

6 Payee address; City; State; Zip Code
200 S. Congress
Austin, TX 78704

\$46.78

8 Purpose of payment
(See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 10/21 Report: 36/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date**5** Payee name
HEB**7** Amount
(\$)

04/12/2007

6 Payee address; City; State; Zip Code
200 S. Congress
Austin, TX 78704

\$15.53

8 Purpose of payment
(See instructions regarding type of information required.)
office supplies**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date**5** Payee name
PC Mailing Services**7** Amount
(\$)

01/11/2007

6 Payee address; City; State; Zip Code
10711 Hillpoint, Ste. 100
San Antonio, TX 78217

\$225.50

8 Purpose of payment
(See instructions regarding type of information required.)
mailing services**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/21 Report: 37/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

03/05/2007

5 Payee name
PODER**6** Payee address; City; State; Zip Code
PO Box 6237
Austin, TX 78762**7** Amount
(\$)

\$100.00

8 Purpose of payment
(See instructions regarding type of information required.)
advertising☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

01/01/2007

5 Payee name
Ramos, Sandra**6** Payee address; City; State; Zip Code
5201 Valley Oak Dr.
Austin, TX 78731**7** Amount
(\$)

\$1,000.00

8 Purpose of payment
(See instructions regarding type of information required.)
staff☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 12/21 Report: 38/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

01/23/2007

5 Payee name
Target**6** Payee address; City; State; Zip Code
5300 S Mo Pac Expy
Austin, TX 78749**7** Amount
(\$)

\$108.24

8 Purpose of payment
(See instructions regarding type of information required.)
office supplies☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

01/29/2007

5 Payee name
Target**6** Payee address; City; State; Zip Code
5300 S Mo Pac Expy
Austin, TX 78749**7** Amount
(\$)

\$128.09

8 Purpose of payment
(See instructions regarding type of information required.)
office supplies☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 13/21 Report: 39/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006

4 Date 05/18/2007	5 Payee name Target 6 Payee address; City; State; Zip Code 5300 S Mo Pac Expy Austin, TX 78749	7 Amount (\$) \$23.26
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8 Purpose of payment
(See instructions regarding type of information required.)
office supplies**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)Office sought:
Office held:**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

4 Date 06/19/2007	5 Payee name Target 6 Payee address; City; State; Zip Code 5300 S Mo Pac Expy Austin, TX 78749	7 Amount (\$) \$53.98
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8 Purpose of payment
(See instructions regarding type of information required.)
office supplies**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)Office sought:
Office held:**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 14/21 Report: 40/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

01/10/2007

5 Payee name
Texas Jail Re-Entry Conference**6** Payee address; City; State; Zip Code
501 W. 11th St.
Austin, TX 78701**7** Amount
(\$)

\$75.00

8 Purpose of payment
(See instructions regarding type of information required.)
conference fees☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

05/23/2007

5 Payee name
True Courage Action Network**6** Payee address; City; State; Zip Code
P.O. Box 700008
San Antonio, TX 78270**7** Amount
(\$)

\$250.00

8 Purpose of payment
(See instructions regarding type of information required.)
contribution☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 15/21 Report: 41/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

01/02/2007

5 Payee name
Vertical Response**6** Payee address; City; State; Zip Code
501 2nd St, Suite 700
San Francisco, CA 94107**7** Amount
(\$)

\$14.30

8 Purpose of payment
(See instructions regarding type of information required.)
email service☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

01/05/2007

5 Payee name
Vertical Response**6** Payee address; City; State; Zip Code
501 2nd St, Suite 700
San Francisco, CA 94107**7** Amount
(\$)

\$13.97

8 Purpose of payment
(See instructions regarding type of information required.)
email service☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 16/21 Report: 42/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

01/16/2007

5 Payee name
Vertical Response**6** Payee address; City; State; Zip Code501 2nd St, Suite 700
San Francisco, CA 94107**7** Amount
(\$)

\$14.94

8 Purpose of payment
(See instructions regarding type of information required.)
email service☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

01/18/2007

5 Payee name
Vertical Response**6** Payee address; City; State; Zip Code501 2nd St, Suite 700
San Francisco, CA 94107**7** Amount
(\$)

\$13.88

8 Purpose of payment
(See instructions regarding type of information required.)
email service☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 17/21 Report: 43/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

02/02/2007

5 Payee name
Vertical Response**6** Payee address; City; State; Zip Code
501 2nd St, Suite 700
San Francisco, CA 94107**7** Amount
(\$)

\$13.77

8 Purpose of payment
(See instructions regarding type of information required.)
email service☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

03/05/2007

5 Payee name
Vertical Response**6** Payee address; City; State; Zip Code
501 2nd St, Suite 700
San Francisco, CA 94107**7** Amount
(\$)

\$14.04

8 Purpose of payment
(See instructions regarding type of information required.)
email service☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 18/21 Report: 44/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006

4 Date 03/13/2007	5 Payee name Vertical Response 6 Payee address; City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107	7 Amount (\$) \$31.08
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8 Purpose of payment (See instructions regarding type of information required.) email service <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

4 Date 03/20/2007	5 Payee name Vertical Response 6 Payee address; City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107	7 Amount (\$) \$13.97
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8 Purpose of payment (See instructions regarding type of information required.) email service <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 19/21 Report: 45/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

04/09/2007

5 Payee name
Vertical Response**7** Amount
(\$)

\$13.69

6 Payee address; City; State; Zip Code501 2nd St, Suite 700
San Francisco, CA 94107**8** Purpose of payment
(See instructions regarding type of information required.)
email service**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

04/10/2007

5 Payee name
Vertical Response**7** Amount
(\$)

\$31.08

6 Payee address; City; State; Zip Code501 2nd St, Suite 700
San Francisco, CA 94107**8** Purpose of payment
(See instructions regarding type of information required.)
email service**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

☐ Payment for travel outside Texas (complete boxes 10-16)**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 20/21 Report: 46/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

04/16/2007

5 Payee name
Vertical Response**6** Payee address; City; State; Zip Code
501 2nd St, Suite 700
San Francisco, CA 94107**7** Amount
(\$)

\$18.63

8 Purpose of payment
(See Instructions regarding type of information required.)
email service☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date

05/30/2007

5 Payee name
Vertical Response**6** Payee address; City; State; Zip Code
501 2nd St, Suite 700
San Francisco, CA 94107**7** Amount
(\$)

\$17.32

8 Purpose of payment
(See Instructions regarding type of information required.)
email service☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

POLITICAL EXPENDITURES**SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #
Schedule: 21/21 Report: 47/47**2** FILER NAME Eckhardt, Sarah**3** ACCOUNT # (Ethics Commission filers)
00000006**4** Date

01/11/2007

5 Payee name
Worley Printing**6** Payee address; City; State; Zip Code
3217 N IH 35
Austin, TX 78722**7** Amount
(\$)

\$246.81

8 Purpose of payment
(See instructions regarding type of information required.)
printing☐ Payment for travel outside Texas (complete boxes 10-16)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel